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06/01/2006 TCOLE1 00000001 062425 09647752

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 09/647,752  
Applicant : Jay R. Akhave  
Filed : April 16, 2003  
Art Unit : 1774  
Examiner : Tamra Dicus  
  
Docket No.: : AVERY-67239  
Customer No. : 24201

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Dear Sir:

This Amendment is responsive to the Office action of December 28, 2005, the response for which is due March 30, 2006.

Claims start on page 2.

Remarks start on page 4.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/647752

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	-
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

10/14/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	27	Minus	20 = 7
Independent	4	Minus	5 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
XS 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	840
XS18=	
X80=	160
+270=	
TOTAL	1020

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	350.00
X80=	
+270=	
TOTAL ADDIT. FEE	350.00

8/30/06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	6	Minus	27 = 0
Independent	2	Minus	5 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.